|  |
| --- |
| **Sundance Properties, Dillon Vista/ Amoretti Apartments****Office: 307-332-2050****Fax: 307-332-9329****105 Dillon Dr. APT #117 Lander, Wy. 82520** |
| Applicant Information  |
| Name: |
| Date of Birth: | SSN: | Phone: |
| Size of Apartment: example (2 bed 1 bath) |
| Date Needed: | Drivers License#/State: | Cell Phone |
| Pets: (Y / N)( If Yes Please Describe) |
| Number of Persons:  | Vehicle Info: | Vehicle Info: |
| Employment Information |  |  |
| Current Employer: |
| Employer Address: | How Long? |
| Phone: | Email: | Fax: |
| City: | State: | Zip Code: |
| Position: | Hourly Salary (Please Circle) | Annual Income: |
| Emergency Contact |  |  |
| Name of person not residing with you: |
| Address: | Phone: |
| City: | State: | Zip code |
| Relationship: |
| Co-Applicant Information |
| Name: | Drivers License#/State: |
| Date of Birth: | SSN: | Phone: |
| Co-Applicant Employment Information |
| Current Employer: |
| Employer Address: | How Long? |
| Phone: | E-Mail: | Fax: |
| City: | State: | Zip Code: |
| Position: | Hourly Salary (Please Circle) | Annual Income: |
| Address History |  |  |
| Current Address: |
| City: | State: | Zip Code: |
| Own Rent (Please Circle) | Monthly payment/rent: | How long? |
| Previous Address: |
| City: | State: | Zip Code: |
| Own Rent (Please Circle) | Monthly payment/rent: | How long? |
| References |  |  |
| Name: | Address: | Phone: |
|  |  |  |
|  |  |  |
| I authorize the verification of information provided as to my credit, background and employment |
| Signature of Applicant: | Date: |
| Signature of Co-Applicant: | Date: |